

# **Exhibit 1**

1 Crime / Incident <b>Carjacking / Auto</b>	2 Complaint Number <b>10549486</b>
3 Location of Offense / Incident (Exact Street Address) <b>4820 Roland Ave - Rear</b>	Page 1 of 2
4 Date / Time Occurred <b>23 Dec 10 0800hrs - 24 Dec 10 0800hrs</b>	5 Date / Time Reported <b>24 Dec 10 1330hrs</b>
11 Location Given by Dispatcher <b>4820 Roland Ave - Rear</b>	12 Companion Report No.
18 Describe Location of Offense or Type of Premise <b>Street</b>	19 Reported by Crime Watcher <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

<input type="checkbox"/> Person <input type="checkbox"/> Domestic Related <input type="checkbox"/> Gang Related <input type="checkbox"/> Juvenile Related <input type="checkbox"/> Hate Crime	<input checked="" type="checkbox"/> Property	<input type="checkbox"/> Vehicle	<input type="checkbox"/> Miscellaneous
8 Unit <b>5B31</b>	7 Post of Occurrence <b>536</b>	9 Reporting Area	10 CAD Number <b>1232</b>
13 Case Status <input checked="" type="checkbox"/> Open <input type="checkbox"/> Closed	14 Case Disposition <input type="checkbox"/> Cleared <input checked="" type="checkbox"/> Not Cleared	15 Follow-up <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	16 Crime Code
17 Crime Classification <b>220</b>	18 Describe Location of Offense or Type of Premise <b>Street</b>	19 Reported by Crime Watcher <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

20 Complainant / Victim <b>Little, James</b>	Residence Address (Include City, County, State, Zip) <b>4820 Roland Ave Apt H</b>	Sex <b>M</b>	Race <b>W</b>	Age <b>39</b>	DOB <b>11/30/71</b>
Where Employed or School Attending (Include City Located)	Occupation	Hours of Employment	Residence Phone <b>202-277-8636</b>	Other Phone	Sobriety <b>Yes</b>
21 Injuries and Location on Body	Victim's Condition	Victim Hospitalized / Facility <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	22 Victim / Assailant Relationship	23 Current / Former Cohabitant <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

24 Reporting Person <b>Little, James</b>	Sex <b>M</b>	Race <b>W</b>	Age <b>39</b>	DOB <b>11/30/71</b>	Address (Include City, County, State, Zip) <b>4820 Roland Ave Apt H</b>	Residence Phone <b>202-277-8636</b>	Other Phone
25 Witness Parent/Guardian <input type="checkbox"/>	Name (Last, First, MI) <b>Little, James</b>	Address (Include City, County, State, Zip)	Residence Phone	Other Phone			

26 Suspect <b>UNK</b>	Address (Include City, County, State, Zip)	Sex	Race	Age	DOB	Height	Weight
Complexion	Hair Color/Length/Style	Hat	Eyes	Facial Hair	Teeth	Shirt/Coat	
Pants	Shoes	Additional Descriptors (Tattoos, Piercings, Scars, Marks, Accent, etc.)				Arrest Number	

27 Trademarks of Suspect(s) (Action / Conversation) <b>UNK</b>	28 Point of Entry	29 Location Last Seen	30 Manner of Escape	31 Direction of Escape <b>UNK</b>
32 Weapon / Means of Attack <b>UNK</b>	33 Method Used to Commit Crime <b>Snatched Grab</b>	34 Type of Property Taken <b>Computer, iPod</b>	35 Total Loss Value <b>2,300.00</b>	

36 Vehicle Information	Suspect	Victim	Stolen	Towed	Other	Tag Number <b>8EGS86</b>	State <b>MD</b>	Expiration <b>8/2011</b>	Vehicle Year/Make <b>2002 Honda Civic</b>	Model	Body Style/Color <b>4dr Silver</b>	Mileage
Vehicle Identification Number (VIN) <b>LS1L5821005992</b>	Ignition Locked <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Keys in Ignition <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Doors Locked <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Windows Closed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Radio in Car <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Battery in Car <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Spare Tire in Car <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trunk Locked <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

37 Registered Owner Name (Last, First, MI) <b>Little, James</b>	Sex <b>M</b>	Race <b>W</b>	Age <b>39</b>	DOB <b>11/30/71</b>	Address (Include City, County, State, Zip) <b>4820 Roland Ave Apt H</b>
38 Recovered by	39 Method of Theft	40 Evidence of Stripping / Tampering	41 Repo. Check <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	42 Tow List Check <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	43 Owner Notified <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
44 Tow Information	Location Towed From	Location Towed To	Towed by	Tow Truck Operator Signature	

45 Detective Notified	Sequence No.	Assignment	Unit Number	Date	Time	46 Medical Examiner Notified	Date	Time
47 Crime Lab Technician Name	Unit Number	Time	48 Hot Desk Person Notified	Time				
49 Communications Supervisor Notified <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	50 Citywide Broadcast <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Time	51 Victim Assistance/Incident Information Explained Form(s) Provided <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Form 309</b>				

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Conf'd Sections	Narrative: (1) Continuation of any preceding items. (2) Property Listing, to include property damaged, seized/submitted evidence/property; list property inventory number(s) when applicable. (3) Describe details of incident. Include all steps taken in preliminary investigation. (4) List all additional notifications, including name, agency or assignment, unit number, telephone number, date, time. (5) List all arrests, including Arrest Numbers and charges.	
<p align="center"><b>Property Taken</b></p> <p>1 Apple Mac Book Aluminum 13inch Serial# W8848C241AX Est. Value \$2,000.00</p> <p>1 iPod Touch Serial# 9C028NLN6K2 Est. Value \$300.00</p> <p align="right"><b>Total est Value \$2,300.00</b></p> <p>On 24 Dec 2010 at approx 1330hrs, this officer responded to 4820 Roland Ave for a call for service. Upon my arrival I met with Mr James</p>		
53 Reporting Officer Name (PRINT CLEARLY) <b>PO Fisher, K</b>	Sequence No. <b>5705</b>	Assignment <b>ND</b>
54 Approving Supervisor Name <b>Jones, Sean P.</b>	Sequence No. <b>ER2</b>	Assignment <b>ND</b>
55 RMS Data Entered By <b>Carl Ross</b>	Sequence No. <b>740</b>	Date <b>12/29/11</b>
56 Reviewer <b>LD</b>	57 Referred To	

REPORT SHOULD BE TYPED OR LEGIBLY PRINTED IN BLACK INK

SUPPLEMENT REPORT  
Form 04/007  
1100-26-63

POLICE DEPARTMENT  
BALTIMORE, MAR'LAND

☒ Continuation

☐ Follow Up

Person ☐ Property ☒ Miscellaneous ☐ Vehicle ☐ Missing Person ☐ Custody ☐

1 Crime / Incident <i>Arrows from Auto</i>	Attempt <input type="checkbox"/>	2 Complaint Number <i>105L9486</i>
3 Location of Offense / Incident (Street Address, Zip) <i>4820 Roland Ave - Rear</i>	Page <i>2</i> of <i>2</i>	
4 Date / Time of This Report <i>24 Dec 2010 1330 hrs</i>	5 Arrest / Custody Number	
11 Original Report Date / Time <i>24 Dec 2010 1330 hrs</i>	12 Offense / Incident Changed From	
13 Case Status <input type="checkbox"/> Open <input type="checkbox"/> Closed	14 Multiple Clearance <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	15 Case Disposition <input type="checkbox"/> Cleared <input checked="" type="checkbox"/> Not Cleared
16 Follow-up <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		17 Crime Code
		18 Crime Classification <i>2</i>

6 Unit <i>5031</i>	7 Post of Occurrence Reporting Area <i>536</i>	8 Street Code	10 CAD Number <i>1232</i>
19 Complainant / Victim Name (Last, First, MI), or Firm Name if Business <i>Little, James</i>			
Residence / Address (Include City, County, State, Zip) <i>4820 Roland Ave Apt H</i>			
Sex <i>M</i> Race <i>W</i> Age <i>39</i> DOB <i>11/30/71</i>			

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Cont'd Sections: Narrative: (1) Continuation of any preceding items. (2) Property Listing, to include property taken and seized/submitted evidence/property list property inventory number(s) when applicable. (3) Recent all activity and all developments in case subsequent to last report. Include names and arrest numbers of all persons arrested. Explain any crime/incident classification change. (4) List all additional notifications, including name, agency or assignment, unit number, telephone number, date, time. (5) Recommendation case status when applicable. (6) If Multiple Clearance, include all of called complaint/case numbers.

Little who stated that his work bag had been stolen from inside of his vehicle. Inside of his bag was an Apple mac computer and an iPod touch. Mr. Little's work bag was recovered in front of Roland Park Bakery and Deli, 4800 Roland Ave, without his property inside. Mr. Little parked his vehicle at 0800 hrs on 23 Dec 2010 in the rear alley of 4820 Roland Ave, returned to his vehicle at 0800 hrs on 24 Dec 2010. Area canvass done with negative results at 4800 Roland Ave. No signs of forced entry, no broken glass. Mr. Little also stated that he may have left his doors unlocked. Form 39 given.

Continued ☐

21 I affirm and declare that the statements above are true to the best of my knowledge:				Reporting Person's Signature	Date
22 Reporting Officer Name (PRINT CLEARLY) <i>MD Lisher, R</i>	Sequence No. Assignment <i>ET85 ND</i>	Signature <i>MD Lisher</i>			
23 Approving Supervisor Rank and Name <i>Jones, Sean P Sgt.</i>	Sequence No. Assignment <i>ET82 ND</i>	Signature <i>SP Jones</i>			
24 RMS Data Entered By	Sequence No.	Date	Time	25 Reviewer <i>LS</i>	26 Referred To

REPORT SHOULD BE TYPED OR LEGIBLY PRINTED IN BLACK INK